

(Goals and actions will be made consistent with the client's wishes and culture.)

(Also see MSS ID notes and order sheet as part of Plan for MSS.)

\*CLIENT GOALS & DESIRED OUTCOMES (negotiated with individual.) \_\_\_\_\_

PLANNED SERVICE(S) ☐ MHS ☐ DTR ☐ DTI ☐ MSS ☐ CM (for TBS, see separate TBS Plan)

Behavioral, Measurable Objectives (with time frames and measures): \_\_\_\_\_

Client Dysfunction Rating and Behavioral Evidence: ☐ 3-severe ☐ 2-moderate ☐ 1-mild ☐ 0-none

Staff Actions: 1-Modality \_\_\_\_\_ Freq. \_\_\_\_\_ Planned End Date: \_\_\_\_\_ Focus \_\_\_\_\_

Client has adequate ☐ intellectual capacity, ☐ emotional capacity,  
☐ motivation to participate in and to significantly benefit from this service.

2-Modality \_\_\_\_\_ Freq. \_\_\_\_\_ Planned End Date: \_\_\_\_\_ Focus \_\_\_\_\_

Client has adequate ☐ intellectual capacity, ☐ emotional capacity,  
☐ motivation to participate in and to significantly benefit from this service.

3-Modality \_\_\_\_\_ Freq. \_\_\_\_\_ Planned End Date: \_\_\_\_\_ Focus \_\_\_\_\_

Client has adequate ☐ intellectual capacity, ☐ emotional capacity,  
☐ motivation to participate in and to significantly benefit from this service.

4-Modality \_\_\_\_\_ Freq. \_\_\_\_\_ Planned End Date \_\_\_\_\_

☐ Client is exempted from services controls, by order of (sign & date) \_\_\_\_\_

☐ Extension to \_\_\_\_\_ granted by (sign & date) \_\_\_\_\_

DATE/STAFF SIGN/PRINTED NAME/MODALITY \_\_\_\_\_

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DATE/STAFF SIGN/PRINTED NAME/MODALITY \_\_\_\_\_

DATE/STAFF SIGN/PRINTED NAME/MODALITY \_\_\_\_\_

\*DATE/CLIENT SIGNATURE\*\* \_\_\_\_\_

\*DATE/CLIENT SIGNATURE\*\* \_\_\_\_\_

DOE: \_\_\_\_\_ PLAN START: \_\_\_\_\_ & END: \_\_\_\_\_ DATES SPAT START: \_\_\_\_\_ & END \_\_\_\_\_ DATES

(30-day Window for Added Service: \_\_\_\_\_ through \_\_\_\_\_) (new Plan required at least every 12 months)

\*may be omitted if MSS-only \*\*Clients will be given a copy of this Plan upon request. (Date Given \_\_\_\_\_, if applicable)

## CLIENT RECOVERY PLAN

**Confidential Patient Info**  
**See W&I Code 5328**

**NAME:**

**CHART NO:**

**DOB:**

**PROGRAM:**